CALIFORNIA LIQUID WASTE HAULER RECORD

SFUND RECORDS CTR 000000261

STATE WATER RESOURCES CONTROL BOARD

•				STATI	DEPARTM	ENT OF HEALTH	
PRODUCER OF WASTE (Mu	st be filled by pro	oducer)				HAULER OF WASTE (Must be filled by hauler)	
Name						ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392 Pick Up: [DATE] 15 State Liquid Waste Hauler's Registration No. (if applicable):	
						Pick Up:Time:apm	
Order Placed By: 1 1 1 2 2 4 Date: 2 2						11	
Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling code No. wastewater treatment, pickling bath, petroleum refining)						Job No.: No. of Loads or Trips: Unit No Vehicle: Uvacuum truck barrels, flatbed, other	
DESCRIPTION OF WASTE (Must be filled by producer)						The described waste was hauled by me to the disposal facility named below and was accepted.	
Check type of wastes:						I certify (or declare) under penalty of perjury	
1. [] Acid solution 6. [] Tetraethyl lead sludge 11. [] Contaminated soil and sand					that the foregoing is true and correct.		
2. Alkaline solution	Alkaline solution 7 Chemical toilet wastes 12			I2. 🗋 Cannery waste		DISPOSER OF WASTE (Must be filled by disposer)	
3. [] Pesticides	8. Tank bottom sediment 13. Latex waste					4	
4. L. Paint sludge	9. [] Oil		· · · · · ·	d and water		Name (print or type):	
5. [] Solvent	10. Drilling	mud	15. 🗌 Bri	ne	·	Site Address:	
Other (Specify) Components:	The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Concentration: notics, solvents (list), metals (list), Upper Lower % ppm Concentration: ppm Quantity measured at site (if applicable):						
(Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)					Quantity measured at site (if applicable):State fee (if any):		
1.						Handling Method(s):	
					☐ recovery		
2					treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.		
3					Adisposal (specify): pond spreading Malandfill injection well		
					other (specify):		
5.				.	Ш	If waste is held for disposal elsewhere specify final location:	
6.				. 📙		Disposal Date: (- 3 - 7)	
Hazardous Properties of Waste:						I certify (or declare) under penalty of perjury	
pH [] nor	ne 🗌 toxic	[] flammat	ie 🗆 corros	ive 🗀 ex	plosive	that the foregoing is true and correct.	
		£1	barrels			MENAL OF AUMORIZED AVENT AND TITLE	
Bulk Volume:	[] gal	[] tons	(42 gal.)	□ other	(SPECIFY)	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.	
Containers:	🛘 drums	☐ cartons	☐ bags	Ø other∠	ISPECIPY		
Physical State:	☐ solid	Q'iiquid	🗓 studge	Other_	(SPECIFY)	()	
Special Handling Instructions (if any):							
						1/004402	
						K001193	
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).						,	
I certify (or declare) under penalty of perjury that the foregoing is true and correct.						FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.	
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